IPSWICH BOARD OF HEALTH FROZEN DESSERT MANUFACTURER PLAN REVIEW APPLICATION

Establishment Name:
Address:
Phone:
A multiport Norman
Applicant Name:
Address:Phone:
Attach the following documents:
☐ Manufacturer Specification Sheets (including packaging, if applicable)
□ Copy of Agreement with Certified Laboratory for Testing
□ Copy of Machine Manufacturers Instructions for Cleaning and Sanitizing
□ Copy of Labels (if applicable)
Definitions - Type of Frozen Dessert Manufacturer – Plant Operator, facility in which frozen desserts or frozen dessert mixes are manufactures for
Plant Operator - facility in which frozen desserts or frozen dessert mixes are manufactures for shipment or sale at wholesale
simplifient of safe at wholesafe
Manufacturer- any person who manufactures frozen desserts or frozen dessert mixes either by
continuous or batch process for sale at wholesale and any person who manufactures milk based
frozen dessert from a pasteurized mix in a food establishment using either a batch process or a
soft service machine for sale at retail
Are you a plant operator or a manufacturer or both?
□ Plant Operator
□ Manufacturer
Duand/Tuada Namas undan which products will be sald
Brand/Trade Names under which products will be sold Brand/Trade Name:
Brand/ Trade Name.
Product from Approved Source
List location of each plant where product and frozen dessert mix will be purchased from
Name of Plant:
Street Address:
City, State, Zip Code:
Name of Plant:
Street Address:
City, State, Zip Code:

	t Testing	1	1	> 4 - :	1:14	- 0		
	en yogurt Yes	base (liqui	-	er) contains No	live cultures	s? N/A		
	1 68			NO		IN/A		
				_		sent dir	ectly from the lab to the	
local bo		ılth office v	vithin 3 d a	-	availability			
	Yes			No				
Temper	rature Co	ntrols						
What equipment will be used to maintain product temperature below 45F?								
 Refrigeration (all refrigeration units have a secondary thermometer located in the 								
,	warmest l	,	_	Ma	_	NT/A		
	□ Holding T	Yes	□ lding tank	No	□ ad with 7 de	N/A	rature recording devices)	
		Yes		s are equipp No	Dea wiiii 7-aa	N/A	rature recording devices)	
	П	103		110		14/11		
•	Silo (all si	los are equ	ipped with	n 7-day tem	perature reco	ording de	vices)	
	Yes	•		No	•		N/A	
Dagard	Keeping							
	• 0		ting must h	ne available	to inspector	during i	nspections	
	-	•	-		on file on site	_	iispections.	
		-						
Silo and	_	tank 7-day	temperatu	_	tained on sit	e and ava	ailable for inspector?	
	Yes			No			N/A	
Are you	manufac	turing hard	ice cream	and/or pack	kaged produc	cts?		
	No			-	-			
	Yes							
I	 Production log with corresponding lot numbers for trace back purposes 							
I	□ Submi	t sample lo	g					
Transp	ortation							
_		used for trai	nsport?					
	Yes		No					
If Yes:								
		ed with me	chanical re	efrigeration	capable of n	naintaini	ng appropriate	
tempera			3. 7					
☐ A1	Yes		No					
		neter presei						
☐ Yes ☐ No Truck will be pre-cooled prior to loading product								
	Yes		No loadii	ing product				
What m	ethod wil	l be used to	clean inte	erior or vehi	cle?			

Labels for Packaged products
Will products be packaged for retail sale on site?
□ No
□ Yes
 Packaging is tamper proof (provide sample of packaging or manufacturer specification sheet)
Statement will manufacture such products only from pure
(name of establishment)
and wholesome ingredients and only under sanitary conditions.
(signature) (date)

Frozen Dessert 2/2014